

# EXHIBIT G

MONTFIORE MEDICAL CENTER  
MOSES DIVISION

AMBULATORY SURGERY - PREASSESSMENT  
\*\*\*\*\* PATIENT INFORMATION \*\*\*\*\*

VISIT DATE: 12/09/1991

ACCT NO: 06443890-0004

MR#: 900105770

PATIENT'S NAME: GILADI, RONI

ADDRESS: POB 127

SSN: 112-64-3264

MILBOURNE, NJ 07041

HOME PHONE: (201) 736-7735

DOB: 03/05/1952

SEX: M RACE:

EMERGENCY CONT:

ADDRESS:

HOME PHONE: ( ) -

RELATIONSHIP:

INSURANCE COVERAGES: BC CH

\*\*\*\*\* PROCEDURE INFORMATION \*\*\*\*\*

ARRIVAL TIME: 10:33 AM

DISCH TIME: 11:30 A

PROCEDURE TIME STARTED: \_\_\_\_\_

P.A.C.U. TIME IN: \_\_\_\_\_

TIME ENDED: \_\_\_\_\_

TIME OUT: \_\_\_\_\_

ANES. TIME STARTED: \_\_\_\_\_

TIME INTO PROC. ROOM: \_\_\_\_\_

TIME ENDED: \_\_\_\_\_

TYPE: \_\_\_\_\_

TIME OUT: \_\_\_\_\_

ATTENDING M.D.: \_\_\_\_\_

SERVICE: PLS

\*\*\*\*\* CLINICAL INFORMATION \*\*\*\*\*

ICD9

CPT4

DIAGNOSIS: COMPRESSION ULNA NERVE LEFT ELBOW & WRIST MEDIAN NERVE LT. WRIST

35.4, 2

PROCEDURE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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WATERBURY POLICE DEPT  
JONES DIVISION

WELLINGTON SURGERY - FOR PRKEDLAE  
\*\*\*\*\* PATIENT INFORMATION \*\*\*\*\*

VISIT DATE: 10/29/1991

ACC NO: 85443090-0005

MR: 900105779

PATIENT'S NAME: GILADI, RONI

SSN: 112-64-1234

ADDRESS: POB 127

MILBURN, NJ 07041

DOB: 03/05/1952

HOME PHONE: (201) 730-7735

SEX: M RACE:

EMERGENCY CONT:

RELATIONSHIP:

ADDRESS:

HOME PHONE: ( ) -

INSURANCE COVERAGES: BC

\*\*\*\*\* PROCEDURE INFORMATION \*\*\*\*\*

ARRIVAL TIME: 09:04 AM

DISCH TIME: 1 PM

PROCEDURE TIME STARTED:

P.A.C.U. TIME IN:

TIME ENDED:

TIME OUT:

ANES. TIME STARTED:

TIME INTO PROC. ROOM:

TIME ENDED:

TYPE:

TIME OUT:

ATTENDING M.D.: MAYERS

SERVICE: DPH

\*\*\*\*\* CLINICAL INFORMATION \*\*\*\*\*

ICD9

CPT4

DIAGNOSIS:

51.10

PROCEDURE:

11.39

65420

006001

WONTERFORD MEDICAL CENTER  
MOSES DIVISION

AMBULATORY SURGERY - PREASSESSMENT  
\*\*\*\*\* PATIENT INFORMATION \*\*\*\*\*

VISIT DATE: 09/23/1991 ADUT NO. 01045290-0006 ORF. 006100770  
PATIENT'S NAME: GELADI, RONI PSN. 112-44-3244  
ADDRESS PCB 127 MILBURN, NJ 07041  
HOME PHONE: (201) 736-7735 AGE. 03/35/1952  
SEX M RACE:

EMERGENCY CONT RELATIONSHIP:  
ADDRESS:  
HOME PHONE: ( )

INSURANCE COVERAGES: PC

\*\*\*\*\* PROCEDURE INFORMATION \*\*\*\*\*

ARRIVAL TIME: 01:49 PM DISCH TIME: 3:50  
PROCEDURE TIME STARTED: P.A.C.U. TIME IN:  
TIME ENDED: TIME OUT  
ANES. TIME STARTED: TIME INTO PROC. ROOM:  
TIME ENDED: TYPE: TIME OUT:  
ATTENDING M.D.: SERVICE:

\*\*\*\*\* CLINICAL INFORMATION \*\*\*\*\*

JCB9 DPT4

DIAGNOSIS: PTESYGIUM LEFT EYE

372.40

PROCEDURE:

006002

## CENTER

DEPARTMENT OF OPHTHALMOLOGY  
 [ ] MOSES DIV. [ ] WEILER DIV.

Giladi, Roni

112-64-3264

## ATTENDING PRE-OPERATIVE NOTE

If no plate, patient's name, MR#, sex and age

PRE OP. DIAGNOSIS pterygium - OS  
 PROPOSED SURGERY excision of pterygium  
 OPERATING SURGEON MARTIN MAYERS  
 DATE SURGERY SCHEDULED \_\_\_\_\_

## HISTORY:

(Include reason for surgery and significant medical problems)

Allergies: \_\_\_Yes \_\_\_No \_\_\_\_\_ (Specify)

pterygium with symblepharon format  
causing irritation and VVA

## EYE EXAMINATION:

	RIGHT EYE	LEFT EYE
VISUAL ACUITY	20/15	20/25
SLIT LAMP EXAM	Bilateral pterygia OS > OD mild symbleph	
I/O PRESSURE	13	12
FUNDUS EXAM	normal	

10/23/91  
 DATE

PHYSICIAN'S SIGNATURE

## ASSESSMENT RECORD

BMHC ☐WHAECOM ☐MOSES ☒NCB ☐

DIAGNOSIS		DATE
PROPOSED OPERATION		SCHEDULED FOR DATE
SURGEON		TIME
SPECIAL REQUIREMENTS		
HISTORY: AGE 39 SEX M LAST P.O.		
CARDIOVASCULAR		
PULMONARY		
EXERCISE TOLERANCE		
DIABETES	HYPERTENSION	SEIZURES
RENAL	HEPATITIS	LMP
BLEEDING DISORDERS		RECENT URI
OTHER		
PRIOR SURGERY/ANESTHESIA		
ALLERGIES		

[illegible]

PHYSICAL EXAMINATION				DRUGS:	
TEMP	97	PULSE	80	BP	130/80
AIRWAY	clear			WT	200
HEART	S/S - out of R			TEETH	0
LUNGS	clear				
OTHER					
LABORATORY FINDINGS	Hb	14.8	Hct	43	SMA6/12
	EKG	4/20			
	CHEST X-RAY				
	OTHERS				

DISCUSSION AND PLAN

39 yr. for pterogin OS with  
burst of local anesthetic disc  
all question. ordered. At request  
min. IV sedation.

ASA STATUS PATIENT PREFERENCE

PREOPERATIVE MEDICATIONS	DOSE	ROUTE	TIME
1.			
2.			
3.			

ASA STATUS			
1	2	3	
4	5		
E			

PATIENT PREFERENCE			
P R E F E R	A C C E P T	R E F E C T	
			LOCAL
			REGIONAL
			EPIDURAL
			SPINAL
			GENERAL

DATE:	RESIDENT PHYSICIAN	ATTENDING PHYSICIAN	006004
TIME:			

MONTEFIORE MEDICAL CENTER  
AND  
THE HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF  
MEDICINE

PATIENT PROGRESS  
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

SDCC-RB 900105770  
GILADI, RONI  
POB 127 MILPOURNE NJC7041  
M. MAYERS CPH  
12-14-3264 39 M 03/08/92  
0443290 0005 10/29/91

If no plate, patient's name, adm. no., sex & Doctor

DATE: 10/24/91	SHORT OPERATIVE NOTE
SURGICAL ATTENDING (S): Mayers	
SURGICAL RESIDENT (S): Loxer	
PRE OP DIAGNOSIS: Pterygium OS	
ANESTHESIA: Local - stand by	
POSITION: Supine	
INCISION:	
PROCEDURE: <del>excisional</del> Pterygium excision OS	
FINDINGS: Pterygium	
CLOSURE: $\phi$	
COMPLICATIONS: $\checkmark$	
DRAIN (S): $\phi$	
POST OP DIAGNOSIS (S): Pterygium OS	
FLUIDS GIVEN: $\phi$	

006005

## PATIENT PROGRESS OBSERVATION RECORD

If no plate, patients's name, adm. no., sex & Doctor

[illegible]



MONTEFIORE MEDICAL CENTER  
AND  
THE HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE

**DOCTORS' PROGRESS  
OBSERVATION RECORD**

EVERY ENTRY MUST BE DATED & SIGNED

(If no plate, patient's name, adm. no., sex & DOB)  
M 030552

DATE	OBSERVATIONS
10/29/91	TO BE COMPLETED BY MEDICAL STAFF:
	PHYSICAL EXAMINATION
	medically cleared
	OPERATION:
	Hypogastric Excision of
	with mitral regurg
	POST-OP ORDERS: <i>fr</i>
	PLEASE USE PHARMACY PRESCRIPTION FORM PH#1213 FOR POST-OP
	DRUG ORDERS:
	mitomycin 1 mg Q10 d
	5 days
Date: 10/29/91	
	Discharge orders on back of sheet

OD-1153 REV. 5/85

**MONTEFIORE MEDICAL CENTER**  
**HENRY L. and LUCY MOSES DIVISION**  
**THE JACK D. WEILER HOSPITAL OF**  
**THE ALBERT EINSTEIN COLLEGE OF MEDICINE**

**CONSENT FORM**

(to be signed by patient wherever applicable)

Giladi Roni 105770  
 112-64-3264

MILTON E. 13  
 112-64-3264 MAYERS, MARTIN  
 M 036552  
 PATIENT'S NAME

Date \_\_\_\_\_, 19\_\_\_\_

Time \_\_\_\_\_ A.M./P.M.

**I. PERMISSION FOR OPERATIVE AND/OR DIAGNOSTIC PROCEDURE AND/OR TREATMENT**

1. I hereby authorize Dr. Martin Mayers or associates or assistants of his/her choice at Montefiore Medical Center to perform upon me/the named above patient the following operation(s) and/or procedure(s)

PLEASE PRINT OR TYPE

Pterygium Excision - left eye

☐ (Check if applicable) - including such photographing, videotaping, televising, or other observation of the operation(s) /procedure(s) as may be purposeful for the advance of medical knowledge and/or education, with the understanding that my/the patient's identity remain anonymous and all photographs and videotapes remain the property of Montefiore.

2. Dr. MARTIN MAYERS has fully explained to me the nature and purposes of the operation/procedure and has also informed me of expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment, including no treatment. I have been given opportunity to ask questions, and all my questions have been answered fully and satisfactorily.
3. It has been explained to me that during the course of an operation unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) set forth in paragraph 1. I therefore authorize and request that the above named surgeon, his associates and/or assistants perform such related surgical procedures and administer whatever is necessary and desirable in the exercise of their professional judgement.
4. I have been informed that there are other risks, hazards, complications, and consequences that are attendant to the performance of any surgical procedure. I acknowledge that no guarantees or assurances have been made to me concerning the results of the above operation, treatment(s) or procedure(s).
5. I further consent to the administration of such anesthesia and/or blood transfusions as may be considered necessary. I recognize that there are always risks to life and health associated with anesthesia and blood transfusions and such risks have been explained to me.
6. I further consent to disposal by hospital authorities, or possible use for research purposes, in accordance with its accustomed practice, of any tissues or parts which may be removed.
7. I confirm that I have read and fully understand the above and that all the blank spaces have been completed prior to my signing. I have crossed out any paragraphs above which do not pertain to me.

Interpreter  
if required

SIGNATURE \_\_\_\_\_

Witness

PRINT NAME AND ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Patient/Relative or  
Guardian

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

RELATIONSHIP IF SIGNED BY PERSON OTHER THAN PATIENT

DATE

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed procedure/operation, have offered to answer any questions and have fully answered such questions. I believe that the patient/relative/guardian fully understand what I have explained and answered.

Physician

REMARKS:

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE

006008

MONTEFIORE MEDICAL CENTER  
MOSES DIVISION  
DEPARTMENT OF NURSING

## PRE-OPERATIVE CHECKLIST/PROGRESS NOTE

Operation scheduled for:

10/29/91

Procedure:

perineum xcos

addressograph plate information

112-04-3204 BAILERS, MARTIN  
N 630552

I. CHART PREPARATION		II. RESULTS IN CHART				
	initial YES N/A		Y	N	N/A	Comments
Consent in chart (including special consents)	<input checked="" type="checkbox"/>	Protime		<input checked="" type="checkbox"/>		
Chart is addressoplated	<input checked="" type="checkbox"/>	CBC with platelets	<input checked="" type="checkbox"/>			
Addressoplate with chart	<input checked="" type="checkbox"/>	Chemistry		<input checked="" type="checkbox"/>		
Allergies indicated	<input checked="" type="checkbox"/>	Urinalysis	<input checked="" type="checkbox"/>			
Doctor's Order Sheets in chart	<input checked="" type="checkbox"/>	EKG		<input checked="" type="checkbox"/>		
Medication Sheets in chart	<input checked="" type="checkbox"/>	Chest x-ray				
Current Graphic Sheet in chart	<input checked="" type="checkbox"/>	Type & Cross/Hold		<input checked="" type="checkbox"/>		
Preoperative medication ordered	<input checked="" type="checkbox"/>	UDRL	<input checked="" type="checkbox"/>			
Unit Secretary signature _____ print name _____		Unit Secretary signature _____ print name _____				
III. PATIENT PREPARATION						
						YES N/A
Consent completed: dated, signed and witnessed (including special consents)						<input checked="" type="checkbox"/>
Enema given (if ordered)						<input checked="" type="checkbox"/>
N.P.O. from (time)						<input checked="" type="checkbox"/>
Preoperative teaching done						<input checked="" type="checkbox"/>
Preoperative bath or shower given						<input checked="" type="checkbox"/>
Preoperative steroids given						<input checked="" type="checkbox"/>
Preoperative antibiotics given						<input checked="" type="checkbox"/>
Preoperative medication given						<input checked="" type="checkbox"/>
Other preoperative medication given						<input checked="" type="checkbox"/>
Valuables secured						<input checked="" type="checkbox"/>
Jewelry (including wedding ring), cosmetics, nail polish, hair pins removed						<input checked="" type="checkbox"/>
Legible, correct identification band on patient						<input checked="" type="checkbox"/>
Presence of capped teeth						<input checked="" type="checkbox"/>
Prosthesis removed (dentures, bridges, hearing aid, contact lenses, wig/toupee, other)						<input checked="" type="checkbox"/>
Voided on call / Foley in place						<input checked="" type="checkbox"/>
Operative area prepared by:			Operative area inspected by:			
signature/title _____ print name _____			signature/title _____ print name _____			
IV. SPECIAL PATIENT NEEDS e.g., blind, deaf; confused; disoriented; IV to be started by Anesthesia; other						
CONTAGIOUS DISEASE <input checked="" type="checkbox"/> N						
V. ASPIRIN Has patient taken any medications containing aspirin within the past 7 days? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>						
if yes, has M.D. been notified? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> M.D. name: _____						
VI. T: 98° P: 66 R: 22 BP: 149/90 WT: 200 lbs HEIGHT: 6'11" TIME: 9:30 PM						
VII. NURSING NOTE						
Checked by Unit Nurse: _____ 10/29/91						
Checked by O.R. Nurse: _____ 10/29/91						

MONTEFIORE MEDICAL CENTER  
— Operating Room Nursing Record

— Operating Room Nursing Record

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GILADI, PONI  
POF12741LEQURNE NJ07041

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OPEN TO DRAINAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TO O.R. <input type="checkbox"/> IN O.R.	
DISINFECTED <input type="checkbox"/> REMOVED BY		IN PLACE LEAVING O.R. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PT. VOIDED IN O.R. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TIME	
COLOR		AMT.	
20 CARBONIZATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TIME	
CLIN OR		CC	
AMT		CC	
TO O.R.		CC	
TOTAL AT END OF PROCEDURE		AMT	
CC		CC	
PERFORMED BY: <b>Rob</b>			
TYPE		SIZE	
IN PLACE LEAVING O.R.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
REMOVED BY		SINGE CATH	

RECORD  
 BRONX, NEW YORK 10461 (212) 430-5000  
 BRONX, NEW YORK 10461 (212) 384-2000  
 BRONX, NEW YORK 10467 (212) 518-5000  
 BRONX, NEW YORK 10467 (212) 520-4321

PREMEDICATION AT BP 140/90 T 98.2 P 66 R 22  
 WT 200 HT 5'11" TEETH 8/0002  
 Hb/HCT 14/43  
 LAST P.O. > 8 DATE OP 10-29-91 SURGERY START 1140 END 1150 ANESTHESIA START 1110 END 1155

SPCC-88 900105773  
 GILADI, DOMI  
 P010241LPCUPBE NJC7041  
 M. ALVAREZ  
 112-114-3000 31 4 03/11/91  
 00112-40 00051111

SUMMARY OF PERTINENT FINDINGS: PMSH: Pterygium OS  
 s/p ② Median Nerve Rep (GA P failed Ax Block)

MEOS:

NEBA

ASA 1 2 3 4 5 E OPERATION PROPOSED Pterygium Elevation - ② eye AGE 39 D.O.B. 3-5-52

AGENTS ☒ O<sub>2</sub> ☐ N<sub>2</sub> ☐ HALO ☐ ENF ☐ ISO ☐ NM BLK ☐ OPIOID ☐ BARB ☐ KET ☐ BENZODIAZ ☐  
☐ TETRA ☐ 2 CP ☐ LIDO ☐ BUPIV ☐ ☐ EPI ☐ PATIENT/CHART REVIEWED ☐ ANESTHESIA EQUIPMENT CHECKED ☒ PT. I.D.

TIME 1110 1140 1150 1200 1210 1220 1230 1240 1250 1300 1310 1320 1330 1340 1350 1400 1410 1420 1430 1440 1450 1500 1510 1520 1530 1540 1550 1600 1610 1620 1630 1640 1650 1700 1710 1720 1730 1740 1750 1800 1810 1820 1830 1840 1850 1900 1910 1920 1930 1940 1950 2000 2010 2020 2030 2040 2050 2100 2110 2120 2130 2140 2150 2200 2210 2220 2230 2240 2250 2300 2310 2320 2330 2340 2350 2400 2410 2420 2430 2440 2450 2500 2510 2520 2530 2540 2550 2600 2610 2620 2630 2640 2650 2700 2710 2720 2730 2740 2750 2800 2810 2820 2830 2840 2850 2900 2910 2920 2930 2940 2950 3000 3010 3020 3030 3040 3050 3100 3110 3120 3130 3140 3150 3200 3210 3220 3230 3240 3250 3300 3310 3320 3330 3340 3350 3400 3410 3420 3430 3440 3450 3500 3510 3520 3530 3540 3550 3600 3610 3620 3630 3640 3650 3700 3710 3720 3730 3740 3750 3800 3810 3820 3830 3840 3850 3900 3910 3920 3930 3940 3950 4000 4010 4020 4030 4040 4050 4100 4110 4120 4130 4140 4150 4200 4210 4220 4230 4240 4250 4300 4310 4320 4330 4340 4350 4400 4410 4420 4430 4440 4450 4500 4510 4520 4530 4540 4550 4600 4610 4620 4630 4640 4650 4700 4710 4720 4730 4740 4750 4800 4810 4820 4830 4840 4850 4900 4910 4920 4930 4940 4950 5000 5010 5020 5030 5040 5050 5100 5110 5120 5130 5140 5150 5200 5210 5220 5230 5240 5250 5300 5310 5320 5330 5340 5350 5400 5410 5420 5430 5440 5450 5500 5510 5520 5530 5540 5550 5600 5610 5620 5630 5640 5650 5700 5710 5720 5730 5740 5750 5800 5810 5820 5830 5840 5850 5900 5910 5920 5930 5940 5950 6000 6010 6020 6030 6040 6050 6100 6110 6120 6130 6140 6150 6200 6210 6220 6230 6240 6250 6300 6310 6320 6330 6340 6350 6400 6410 6420 6430 6440 6450 6500 6510 6520 6530 6540 6550 6600 6610 6620 6630 6640 6650 6700 6710 6720 6730 6740 6750 6800 6810 6820 6830 6840 6850 6900 6910 6920 6930 6940 6950 7000 7010 7020 7030 7040 7050 7100 7110 7120 7130 7140 7150 7200 7210 7220 7230 7240 7250 7300 7310 7320 7330 7340 7350 7400 7410 7420 7430 7440 7450 7500 7510 7520 7530 7540 7550 7600 7610 7620 7630 7640 7650 7700 7710 7720 7730 7740 7750 7800 7810 7820 7830 7840 7850 7900 7910 7920 7930 7940 7950 8000 8010 8020 8030 8040 8050 8100 8110 8120 8130 8140 8150 8200 8210 8220 8230 8240 8250 8300 8310 8320 8330 8340 8350 8400 8410 8420 8430 8440 8450 8500 8510 8520 8530 8540 8550 8600 8610 8620 8630 8640 8650 8700 8710 8720 8730 8740 8750 8800 8810 8820 8830 8840 8850 8900 8910 8920 8930 8940 8950 9000 9010 9020 9030 9040 9050 9100 9110 9120 9130 9140 9150 9200 9210 9220 9230 9240 9250 9300 9310 9320 9330 9340 9350 9400 9410 9420 9430 9440 9450 9500 9510 9520 9530 9540 9550 9600 9610 9620 9630 9640 9650 9700 9710 9720 9730 9740 9750 9800 9810 9820 9830 9840 9850 9900 9910 9920 9930 9940 9950 10000 10010 10020 10030 10040 10050 10100 10110 10120 10130 10140 10150 10200 10210 10220 10230 10240 10250 10300 10310 10320 10330 10340 10350 10400 10410 10420 10430 10440 10450 10500 10510 10520 10530 10540 10550 10600 10610 10620 10630 10640 10650 10700 10710 10720 10730 10740 10750 10800 10810 10820 10830 10840 10850 10900 10910 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13700 13710 13720 13730 13740 13750 13800 13810 13820 13830 13840 13850 13900 13910 13920 13930 13940 13950 14000 14010 14020 14030 14040 14050 14100 14110 14120 14130 14140 14150 14200 14210 14220 14230 14240 14250 14300 14310 14320 14330 14340 14350 14400 14410 14420 14430 14440 14450 14500 14510 14520 14530 14540 14550 14600 14610 14620 14630 14640 14650 14700 14710 14720 14730 14740 14750 14800 14810 14820 14830 14840 14850 14900 14910 14920 14930 14940 14950 15000 15010 15020 15030 15040 15050 15100 15110 15120 15130 15140 15150 15200 15210 15220 15230 15240 15250 15300 15310 15320 15330 15340 15350 15400 15410 15420 15430 15440 15450 15500 15510 15520 15530 15540 15550 15600 15610 15620 15630 15640 15650 15700 15710 15720 15730 15740 15750 15800 15810 15820 15830 15840 15850 15900 15910 15920 15930 15940 15950 16000 16010 16020 16030 16040 16050 16100 16110 16120 16130 16140 16150 16200 16210 16220 16230 16240 16250 16300 16310 16320 16330 16340 16350 16400 16410 16420 16430 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MR-656

**Montefiore Medical Center**

BRONX, NEW YORK 10467

NAME **RONI, GILADI** NURSING UNIT **S.S. NO900 10 5770** ✓DATE OF OPERATION **10/29/91** SURGEON **DR. M. MAYERS**ASSISTANTS **DR. C. ROSEN**PRE-OPERATIVE DIAGNOSIS **PTERYGIUM LEFT EYE**POST-OPERATIVE DIAGNOSIS **SAME**OPERATION **EXCISION OF PTERYGIUM LEFT EYE**

## DESCRIPTION (findings, techniques, incision, sutures and drainage)

DESCRIPTION OF OPERATION: The patient was brought to the Operating Room, transferred to the Operating Room table. Nasal cannula oxygen, cardiac monitoring and an intravenous anesthesia line were established. Local anesthesia was achieved through a peribulbar injection of a solution containing Bupivacaine 0.75% equal volume to Lidocaine 2% without Epinephrine. Hyaluronidase was added to the anesthetic solution. The eye was then prepped and draped in the standard manner for major ocular surgery. A wire speculum was placed. The cornea was covered with an optical barrier.

Using cellulose sponge, the apex of the pterygium was gently pushed back and dehisced from the surface of the cornea. Using Westcott scissors, the base of the pterygium was excised. The excised tissue was then split in half with half of the tissue going through immunofluorescent studies and the rest for standard ocular pathology H & E studies. Using a dialyzer, the corneal and scleral surfaces were ~~barred~~ polished. Hemostasis was achieved with wet field cautery.

Metamyd was applied to the eye followed by a sterile patch. The patient tolerated the procedure well, left the Operating Room in stable condition.

MM/HTS/ps  
D; 10/30/91  
T; 11/1/91  
Tape 384

M. Mayers, M.D.

DATE DICTATED:  
DATE TRANSCRIBED:

006012

M.D.

9/12/13  
MONTEFIORE MEDICAL CENTER  
OPHTHALMIC PATHOLOGY REPORT 900105770

NAME: Giladi, Roni OPTHALMIC PATHOLOGY NO.: S-91-60418  
AGE: 39 SEX: Male DATE OF SURGERY: 10/29/91  
RACE: - HOSPITAL: Montefiore Medical Center  
DOCTOR: M. Mayers, M.D. HOSPITAL NO.: 112-64-3264

HISTORY:

Pterygium, left eye.

GROSS DESCRIPTION:

The specimen is labeled "Pterygium". The specimen consists of an opaque piece of tissue measuring 4.0 x 2.0 x less than 1.0 mm. All is submitted.

MICROSCOPIC DESCRIPTION:

The conjunctival epithelium displays focal areas of acanthosis alternating with areas of thinning. The basement membrane is intact throughout. The substantia propria contains numerous blood-filled vascular channels as well as scattered lymphocytes. Rare areas of basophilic degeneration are seen.

DIAGNOSIS:

Biopsy of conjunctiva, left eye: Pterygium.

Pearl S. Rosenbaum  
Pearl S. Rosenbaum, M.D.

PSR:wd  
11/19/91

006013

**MONTEFIORE MEDICAL CENTER**  
BRONX, NEW YORK 10467

12-13-91

AGE: 39

PATIENT NAME : GILADI, RONI  
MED REC NUMBER : 900105770  
LOCATION : SDCC SDCC  
PHYSICIAN : STRAUCH, BERISH -  
SOC SEC NUMBER : 112643264

DATE: 12/12/91 TIME: 0512

PAGE: 1

DATE	TIME	TEST NAME	HIGH	LOW	NORMAL	REFERENCE-RANGE	UNITS
12/09	1320	BLOOD SPECIMEN					
		SPECIMEN AVAILABLE	OUTDATED				
		TYPE AND SCREEN					
		ABO GROUP			AB		
		RH TYPE			NEG		
		ANTIBODY SCREEN (IAT)	NEG				
		DIRECT AHG BS	NEG				

006014



## MONTEFIORE MEDICAL CENTER

BRONX, NEW YORK 10467

AGE: 39

PATIENT NAME : GILADI, RONI

MED REC NUMBER : 900105770

LOCATION : SOCC SOCC

PHYSICIAN : STRAUCH, BERISH -

SOC SEC NUMBER : 112643264

DATE: 12/10/91 TIME: 0516

PAGE: 1

DATE	TIME	TEST NAME	HIGH	LOW	NORMAL	REFERENCE-RANGE	UNITS
12/09	1432	URINALYSIS, COMPLETE					
		APPEARANCE	CLEAR				
		COLOR	YELLOW				
		PH			5.0		
		SPECIFIC GRAVITY			1.025		
		PROTEIN			NEG		MG/DL
		GLUCOSE			NEG		MG/DL
		KETONE (ACETONE)			NEG		MG/DL
		OCCULT BLOOD			NEG		
		BILIRUBIN			NEG		
		NITRITE			NEG		
		UROBILINOGEN			0.2		MG/DL
		LEUCOCYTE			NEG		
12/09	1320	BLOOD SPECIMEN	-IN	LABORATORY			
		TYPE AND SCREEN					
		ABO GROUP			AB		
		RH TYPE			NEG		
		ANTIBODY SCREEN (IAT)	NEG				
		DIRECT AHG JS	NEG				
12/09	1318	SYPHILIS SCREEN - M	NONREACTIVE				
12/09	1241	ADMISSION SURVEY					
		UREA NITROGEN			16.	10-26	MG/DL
		SODIUM			144.	135-145	MEQ/L
		POTASSIUM			4.3	3.5-5.0	MEQ/L
		CO2			26.	24-30	MEQ/L
		CHLORIDE	109H			98-108	MEQ/L
		GLUCOSE			99.	70-115	MG/DL
		CREATININE			0.8	0.5-1.5	MG/DL
		CALCIUM			9.6	8.5-10.5	MG/DL
		INORGANIC PHOSPHO			2.9	2.5-4.5	MG/DL
		URIC ACID			5.3	2.5-8.0	MG/DL
		TOTAL PROTEIN			7.3	6.0-8.5	GM/DL
		ALBUMIN			4.8	3.5-5.5	GM/DL
		BILIRUBIN TOTAL			0.6	0.2-1.2	MG/DL
		BILIRUBIN DIRECT			0.1	0.0-0.3	MG/DL
		ALKALINE P'TASE			46.	30-115	U/L
		SGOT			17.	5-40	U/L
		SGPT			16.	5-40	U/L
		LACTIC DEHYDROGEN.			160.	60-250	U/L
		CPK			43.	10-100	U/L
		CHOLESTEROL			182.	120-240	MG/DL
12/09	1224	CBC -M					
		WBC			5.0	4.8-10.3	K/CU MM
		RBC			4.88	4.6-6.2	M/CU MM
		HEMOGLOBIN			14.7	14-18	GM/DL
		HEMATOCRIT			42.7	42-52	%
		MCV			37.5	78-96	FL
		MCH			30.1	27-34	PG
		MCHC			34.4	32-36	GM/DL

006015

MEDICAL RECORD COPY

## MONTEFIORE MEDICAL CENTER

BRONX, NEW YORK 10467

AGE: 39

PATIENT NAME : GILAOI, RONI

MED REC NUMBER : 900105770

LOCATION : SDCC SDCC

PHYSICIAN : STRAUCH, BERISH -

SOC SEC NUMBER : 112643264

DATE: 12/10/91 TIME: 0516

PAGE: 2

DATE	TIME	TEST NAME	HIGH	LOW	NORMAL	REFERENCE-RANGE	UNITS
		LYMPH %			18.9		%
		MONO %			7.5		%
		GRAN %			73.6		%
		LYMPH COUNT			0.9		K/CU MM
		MONO COUNT			0.4		K/CU MM
		GRAN COUNT			3.7		K/CU MM
		EOS COUNT			< .7		
		BASO COUNT			< .2		
		RDW			12.4		
		PLATELET COUNT -M			197.	180-400	K/CU MM
		DIFFERENTIAL -M			100		CELLS
		SEG NEUTROPHILS			67	40-70	%
		LYMPHOCYTES			22	20-50	%
		MONOCYTES	10H			1-8	%
		EOSINOPHILS			1	0-5	%
		WORKSHEET STORAGE #			17		
		PLATELET ESTIMATE	NORMAL				
12/09	1224	PROTHROMBIN TIME -M			11.	10-13	SECONDS
		APTT -M			29.	26-36	SECONDS

008016

**MONTEFIORE MEDICAL CENTER**

BRONX, NEW YORK 10467

AGE: 37

PATIENT NAME : GILADI, RONI  
MED REC NUMBER : 900105770  
LOCATION : SDCC SDCC  
PHYSICIAN : MAYERS, MARTIN -O  
SOC SEC NUMBER : 112643264

DATE: 11/28/91 TIME: 0516

PAGE: 1

DATE	TIME	TEST NAME	HIGH	LOW	NORMAL	REFERENCE-RANGE	UNITS
11/27	1727	EYE CULTURE -M	-IN	LABORATORY			
		SOURCE/BODY SITE	SWAB	LEFT EYE			
		COMMENT: CONJUNCTIVA					
		REPORTED RESULT	CULTURE	PENDING			

008017

## MONTEFIORE MEDICAL CENTER

BRONX, NEW YORK 10467

AGE: 50

PATIENT NAME : GILADI, RONI  
 MED REC NUMBER : 900105770  
 LOCATION : SDCC SDCC  
 PHYSICIAN : MAYERS, MARTIN -D  
 SSC REC NUMBER : 112643264

DATE: 10/23/91 TIME: 11:11

PAGE: 1

DATE	TIME	TEST NAME	HIGH	LOW	NORMAL	REFERENCE-RANGE	UNITS	
10/23	11:11	SYPHILIS SCREEN - R	NONREACTIVE					
10/23	11:11	CBC - R						
		WBC			9.2	4.8-10.8	K/CU MM	
		RBC			4.92	4.6-5.2	M/CU MM	
		Hemoglobin			14.3	14-18	GM/DL	
		Hematocrit			43.0	42-52	%	
		MCV			87.3	78-96	FL	
		MCH			30.1	27-31	PG	
		MCHC			34.4	32-36	GM/DL	
		LYMPH %			30.1		%	
		MONO %			7.3		%	
		GRAN %			62.5		%	
		LYMPH COUNT			1.6		K/CU MM	
		MONO COUNT			0.4		K/CU MM	
		GRAN COUNT			3.2		K/CU MM	
		EOS COUNT			< .7			
		BASO COUNT			< .2			
		PCW			12.2			
		WORKSHEET STORAGE			18			
10/23	10:27	URINALYSIS, COMPLETE						
		APPEARANCE	CLEAR					
		COLOR	YELLOW					
		PH			5.0			
		SPECIFIC GRAVITY			1.025			
		PROTEIN			NEG		MG/DL	
		GLUCOSE			NEG		GM/DL	
		KETONE (ACETONE)			NEG		MG/DL	
		HIDULT BLOOD			NEG			
		BILIRUBIN			NEG			
		NITRITE			NEG			
		UROBILINOGEN			0.2		MG/DL	
		LEUCOCYTES			NEG			

006018

**Department of Anesthesiology  
Minimum Requirement  
Pre-Operative Testing Order**

Please place a check (✓) in the left hand column to order those labs which are marked to the right of that condition. If history indicates additional tests, you may add x-marks in any row. You may also choose to write orders in the "other" category.

MONTEFIORE MEDICAL CENTER  
HENRY AND LUCY MOSES DIVISION  
THE JACK D. WEILER HOSPITAL OF  
THE ALBERT EINSTEIN COLLEGE OF MEDICINE

☐ MOSES SAME DAY CARE CENTER

☐ WEILER

900105750

112-64-3264  
HAYERS, MARTIN  
H 030552

The list of diseases covers only the most common conditions. Additional tests may be required for certain patients.

PATIENT'S CONDITION	HCT	CBC	PLATELET COUNT	UA	PT/PTT	SMA6	SMA12	CHEST		EOG	PREG		Specimen for blood bank	Other (write in)
								X-RAY	X-RAY		Female only			
✓ Child		X		X										
Patient < 40 yrs.		X		X							X			
> 40 yrs.		X		X						X				
Surg. Proc. c blood loss		X		X									X	
CV disease		X		X		X		X		X				
Pulm disease		X		X				X		X				
Diabetes		X		X		X				X				
Hepatic disease		X		X	X		X							
Renal disease		X		X		X								
Hx bleeding or Hx anti-coag. use		X		X	X		X						X	
Smoking > 20 pack years		X		X				X		X				
Diuretic use		X		X		X								
Digoxin use		X		X		X		X						
Steroid use		X		X		X								
Malignancy incl. leukemias		X		X	X			X						

Tech/Nurse Initials Date

Physician's Name (printed)

Physician's Signature

Date

If a specialist consultation is needed please arrange for it prior to the preassessment in the Same Day Care Center.

006019

DOCTOR'S ORDER SHEET		DRUG SENSITIVITIES:		NONE KNOWN <input type="checkbox"/>	
1	Medication	Sevoflurane	New		
	Dose & Route	Sevoflurane	Renew		
	Frequency	AS NEEDED	Change		
	M.D. Signature	[Signature]	Stat.		
	Date	10/25/91	Secy		
	Comments	AXA1			
DOCTOR'S SIGNATURE		DATE/TIME	NOTED BY	AM	P.M.
2	Medication	Mitomycin	New		
	Dose & Route	TX 0.5 (1mg/5ml)	Renew		
	Frequency	Q 1WK MD	Change		
	M.D. Signature	[Signature]	Stat.		
	Date	10/25/91	Secy		
	Comments	IN OR			
DOCTOR'S SIGNATURE		DATE/TIME	NOTED BY	AM	P.M.
3	Medication		New		
	Dose & Route		Renew		
	Frequency		Change		
	M.D. Signature		Stat.		
	Date		Secy		
	Comments				
DOCTOR'S SIGNATURE		DATE/TIME	NOTED BY	AM	P.M.
4	Medication		New		
	Dose & Route		Renew		
	Frequency		Change		
	M.D. Signature		Stat.		
	Date		Secy		
	Comments				
DOCTOR'S SIGNATURE		DATE/TIME	NOTED BY	AM	P.M.

USE BALLPOINT PEN PRESS FIRMLY

CLART COPY

3 1613 8/82

## MONTEFIORE MEDICAL CENTER

VITAL SIGNS - GRAPHIC SHEET

RECORD(1) TEMPERATURE READING IN RED

(2) PULSE AND RESPIRATION READING IN BLUE

(3) BLOOD PRESSURE - V SYSTOLIC  
- A DIASTOLIC IN BLUE

DATE																										
TEMP. MODE																										
A.M. OR P.M.																										
HOUR																										
BLOOD PRESSURE	TEMP F	PULSE																								
250	106°	180																								
240	105°	170																								
230	104°	160																								
220	103°	150																								
210	102°	140																								
200	101°	130																								
190	100°	120																								
180	99°	110																								
170	98°	100																								
160	97°	90																								
150	96°	80																								
140	95°	70																								
130	94°	60																								
120		50																								
110		40																								
100																										
90		30																								
80		20																								
70		10																								
60																										
50																										
40																										
30																										
CVP																										
WEIGHT																										

006021

NR-7922M

Montefiore Medical Center  
Moses Division  
Same Day Care Center  
Nursing Assessment/Admission Interview

## Procedure Information

Scheduled procedure: Pterygium Exc. @ eye Amb or SDA Date: 10/29/91

Attending Physician: \_\_\_\_\_ Medical Attending: \_\_\_\_\_

Designated responsible party (Indicate for all procedures)

Name: Simon Jacobs Relationship: FriendInformation obtained from patient (circled) family \_\_\_\_\_ interpreter \_\_\_\_\_ by phone \_\_\_\_\_Pre assessment V/S: T 97.8 P 80 R 20 B/P 130/80 Ht 5'11" Wt 240 lbs Date: 10/23/91Allergies: No Yes \_\_\_\_\_ Unknown \_\_\_\_\_ (if yes, indicate substances)

## Past Medical, Surgical, Psychiatric History:

PMH - nilPSH - Repair Medical Nerve @ hand.Present Medications: Uses aspirin or aspirin products No Yes \_\_\_\_\_ (specify)nilTransfusion History: No Yes \_\_\_\_\_ (please specify)Smoke? (circled) (no/yes) .. How much? \_\_\_\_\_

How long? \_\_\_\_\_

Substance abuse (alcohol or drugs): (circled)

006022